



**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH
OFFICER: JAJPUR**



Tender Call No. / 837 /CDM&PHO, Jajpur dated the 08.03.2019

TENDER CALL NOTICE

Tender Call for	: Supply of Equipments & Instruments under DBCS , Jajpur for the year 2018-2019
Date of Tender call	: 08.03.2019
Last Date & Time of submission of Tender	: 25.03.2019/ 12.00 noon
Date & Time of opening of Tender	: 26.03.2019/ 11.00 AM

Sealed tenders are invited from different bidders having valid GST Registration certificate for the **“Supply of Equipments & Instruments under DBCS , Jajpur for the year 2018-2019”** as per the specification given below by the Chief District Medical & Public Health Officer, Jajpur. Interested bidders may submit their quotation to the under signed as per the scheduled date & time mentioned above.

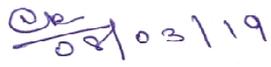
Terms & conditions:

1. The undersigned shall have the right for rejecting all or any of the quotation without assigning any reason thereof.
2. Any tender received after the due date & time will be rejected. The tenders will be received through Regd. Post / Speed Post only.
3. Tender document fee of Rs.500/- in shape of Demand Draft/ Original Money Receipt which is not refundable.
4. An EMD of Rs 10000/- (Rupees Ten Thousand) only will be paid in the shape of demand Draft only in favour of CDM&PHO, Jajpur from any Nationalized / Scheduled Bank payable at Jajpur Town, which will be refundable. The EMD of the unsuccessful tenderers will be returned back without interest and EMD of successful tenderer will be returned after successfully supply of purchase order.
5. The Firm should provide the List of items quoted as per the format provided (**Annexure II**).
6. Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting. (**Annexure - III**).
7. Annual Average Turnover of Rs. 1 Crore or more in last 3 financial years of bidders. (**Annexure IV**).
8. The Original Tender Copy with Conditions and the schedules signed by the tenderer at the bottom of each page with his official seal duly affixed.
9. The rates should be quoted including F.O.R destination and excluding taxes.
10. The bidder should submit attested copy of valid GST Registration certificate & PAN along with the quotation.
11. The bidder should provide the copy of GSTR 3B along with the quotation.

12. The bidder should submit the relevant documents as per the items technical requirement provided in the technical Specification Para.
13. The firm should submit the IT return copy of last three years.
14. Two stage bidding systems will be done. (Technical bid & Price bid)
15. The bidder(s) are to submit their tenders in separate sealed covered envelopes for technical bid and commercial bid by super scribing Cover "A" (Technical Bid) & Cover "B" (Price Bid) and both the sealed covers should be put into a third outer Cover, which should be super scribed as "**Tender for Supply of Instrument & Equipments under DBCS, Jajpur for the year 2018-2019.**"
16. The financial bid of only those bidders should be opened who qualify in their technical bid.
17. The price bid is to be quoted as per **Annexure - V** attached.
18. The rate contract once approved should remain valid for one year from the date of approval.

List of Items:

(As per Annexure - I attached)

for 
08/03/19
Chief District Medical & P.H Officer, Jajpur

Memo No_383_/CDM& PHO, Jajpur dated the 08.03.2019

Copy submitted to DIO, NIC, Jajpur for favour of information and necessary action. He is requested to upload the quotation on the district website www.jajpur.nic.in for wide publication.

Caption: "Supply of Instrument, Equipments under DBCS, Jajpur for the year 2018-2019"

for 
08/03/19
Chief District Medical & P.H Officer, Jajpur

List of Items (with technical specification)

Equipments

1. A Scan Biometer

A-Scan Biometer / Optical Biometer: - The Ultrasound A-Scan Bio-meter system with the following specifications:

1. 10 MHz Biometry probe with applicator and clinical accuracy of ± 0.1 mm.
2. Ability to measure axial length between 15 and 39 mm
3. Should have built-in contact eye model
4. Should have measurement memory of 10 per eye
5. Should have facility for up to five different users to configure the system to their individual settings
6. Should have five 101 calculations formulas! Holladay, SRK II, SRK T, Binkhorst II, Hoffer Q. and an optional Haigis formula.
7. Should have the post refractive K adjustment software for patients who have undergone refractive procedure
8. Should have the facility for inputs and store White-to-White data of patients.
9. Should have Auto, Manual and Super Auto Modes
10. Should have large 800 X 600 SVGA Touch/Display LCD for easy viewing and adjustable screen brightness
11. Should have age compensation mode for accurate measurements
12. Should have programmable velocity for each segment
13. Should have computer ready interface
14. Should have post-refractive K adjustment software.
15. Should be up gradable to pachymetry with post-refractive K adjustment software and with the options of straight and curved pachymetry probes.
16. It should be LISFDA or European CE approved (from Germany/France /Italy).
17. The Equipments should be HL7 complianc

2. A Scan tonometer

Specification –

1. Measuring Range - 1mm Hg to 60mm Hg or higher range
2. Working Distance - 11 mm
3. Eye Fixation - inner fixation light
4. Intra Ocular Pressure Compensation by corneal thickness
5. Result Display - 5.7"VGA colour LCD
6. Printer - Thermal printer with easy loading and auto paper cutter
7. Interface - Rs232C LAN USB
8. Motorised Table Top
9. Vendor has to support specification with manufacturer's brochure failing which offer will be rejected . Vendor has to be demonstrating the equipment within specific time limit, if asked for; failing which offer will be rejected.

3. Motorised Table

Specification –

1. Maximum Table Height - 870 mm
2. Minimum Table Height - 670 mm
3. Vertical Adjustment Range - 200 mm
4. Table Top Size - 570 x 400 x 25 mm
5. Over all dimension - 530 (W) x 580 (L) x 870(H) mm
6. Power Supply - AC 230V 50/60 Hz

7. Power Consumption - 250 VA

4. **ENT Microscope**

for
08/03/19
Chief District Medical & P.H Officer, Jajpur

(To be submitted in **Cover A -Technical Bid**)

DECLARATION FORM

I / Wehaving My / our
.....office at.....do
declare that I / We have carefully read all the terms & conditions of tender of the _____,
Odisha for the **“Supply of Instrument, Equipments under DBCS, Jajpur for the year 2018-
2019”**. The approved rate will remain valid for a period of one year from the date of approval. I
will abide with **all the terms & conditions** set forth in the **Tender Reference no.**

I/We do hereby declare I/We have not been de-recognised / black listed by any State
Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for
supply of Not of Standard Quality (NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit
and or Performance Security Deposit and blacklist me/us for a period of 3 years if, any
information furnished by us proved to be false at the time of inspection / verification and not
complying with the Tender terms & conditions.

I / We do hereby declare that I /
we will supply the _____ as per the terms, conditions & specifications of the tender
document. I / we further declare that I / we have a service centre / will establish a service
centre within one month of installation of the item in Odisha.

Signature of the bidder:

Seal

Date :

Name & Address of the Bidder:

Affidavit before Executive Magistrate / Notary Public.

(To be furnished in the **letter head** of the Auditor/ Chartered Account)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for the last three financial years of M/s_____ who is a Manufacturer /Distributor/Importer (*Pl. tick whichever is applicable*) are given below and certified that the statement is true and correct.

Sl.No.	Year	Turnover in (Rs.)
1.	-	-
2.	-	-
3.	-	-

Average Annual Turnover
(for the above three years) in **(Rs.)**

Date:
Place:

Seal

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Membership No.-

Registration No. of Bidder

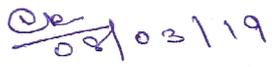
Note:

- a) To be issued in the **letter head** of the Auditor/Chartered Accountant mentioning the Membership no.
- b) **Separate certificates** should be furnished for **different manufacturer/importer** in case the bidder (authorized distributor) is quoting products of **different manufacturers/importers**. The authorized distributor has also to furnish his turnover statement in the above format.

(To be submitted in *Cover B - Price Bid*)

EQUIPMENTS

Sl No	Name of the item	Specification (As per Annexure - I)	Mfd. Name	Cost (in Rs) (including F.O.R destination)	Trunkey's (if any)	GST + OT(if any)	Total Cost
1	A Scan Biometer						
2	Non Contact Tonometer						
3	Motorised Table						
4	ENT Microscope						

for  02/03/19
Chief District Medical & P.H Officer, Jaipur